

CLAIMS ONLY

SERIAL NO. _____ / FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3		I				
4		I				
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TOTAL IND.	3					
TOTAL DEP.	17	↓	↔	↓	↔	↓
TOTAL CLAIMS	20	↓	↔	↓	↔	↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↔	↓
TOTAL DEP.		↔	↓		↔	↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS